

A.I.T. START NOTIFICATION FORM

**Health Professions Bureau
Indiana State Board of Health Facility Administrators
402 West Washington Street, Room W066
Indianapolis, Indiana 46204
317-234-2051
<http://www.in.gov/hpb/boards/isbhfa>**

May this memorandum serve as notification to the Indiana State Board of Health Facility Administrators that I, _____, a licensed health facility administrator and approved preceptor in the State of Indiana, license number _____, began the approved Administrator-in-Training program, as prescribed in 840 IAC 1-1-15, for _____ on the _____ day of _____, _____.

Printed name of A.I.T.

Number

Month

Year

Preceptor Signature

Administrator-in-Training Signature